

Sampling Process FY 2007 *Early On*® Record Review

In order to include the children most recently served through *Early On*, the sampling process will focus on EETIRK information gathered by the local service area instead of receiving information from Interagency Information Systems (IIS, Inc.) solely based on the December and June counts. In order for this to happen, the local service area will be responsible for generating a list of children currently being served.

All Record Review samples will represent 10 percent of the snap shot count or 10 records, whichever is greater. For example, if the snap shot count was 210, the sample would be 21 records, if the count was 64, the sample will be 10 records.

The sample will be random and representative of gender, ethnicity, eligibility, and age, as well as inclusive of records in different phases of *Early On* (procedural safeguards, IFSP, reviews, and transition).

To ensure the best possible sample, the local service areas will be asked to use the following guidelines to provide the needed information:

- Six weeks prior to the record review date, the local service area will generate a snap shot count for the time period after December 1 until June 1.
- The listing of the children should include the following information:
 1. Name
 2. EETIRK Identifier
 3. Eligibility
 4. Date of Birth
 5. Age
 6. Initial IFSP Date
 7. Most Recent IFSP or Transition date
 8. Sex
 9. Race
- The list of children should be faxed or emailed to Jessica Brady at bradyj@michigan.gov or fax (517) 335-0592.

Michigan Record Review
***Early On®* Monitoring Standards**
May 2007

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Section 1- Procedural Safeguards

Standard Type	Citation	Standard	Documentation & Verification
1.1 NOTICE AND REFERRAL	PSS 340.1921 34 CFR 303.403(a)	Parent was notified of referral for possible <i>Early On</i> services	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> • there is evidence that the parent was notified that <i>Early On</i> had received a referral regarding their child/family. <p>If there is documentation that-</p> <ul style="list-style-type: none"> • the family self-referred to <i>Early On</i> • or the family had already been notified of the referral by the referral source <p>-then this standard may be marked YES.</p> <p>POSSIBLE SOURCES: Referral form, referral log, casenotes.</p>
1.2 NOTICE AND REFERRAL	PSS 340.1921	Permission for an evaluation was requested within 10 calendar days of the referral	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> • there is evidence that permission to evaluate was requested within ten (10) calendar days of the referral date. <p>If there is documentation that-</p> <ul style="list-style-type: none"> • there were exceptional family circumstances based on the child's needs or situation that prevented contact within 10 days • and permission was subsequently requested and gained <p>-then this standard may be marked YES.</p> <p>POSSIBLE SOURCES: Referral form, referral log, notification letter, signed Consent for Evaluation form, casenotes.</p>
1.3 NOTICE AND REFERRAL	34 CFR 303.403(b)(3)	Written prior notice of all Procedural Safeguards under Part C was given to this family	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> • there is evidence that the family was given a copy of the <i>Early On</i> Procedural Safeguards information. <p>POSSIBLE SOURCES: Signed Consent for Evaluation form, letter accompanying mailed materials, referral log, referral forms, casenotes.</p>

Standard Type	Citation	Standard	Documentation & Verification
1.4 CONSENT FOR EVALUATION	PSS 340.1931(a)(1) 34 CFR 303.404 (Note 1) FERPA 99.30(c)	Written consent OR refusal to participate in the <i>Early On</i> eligibility determination process was obtained and dated.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> ▪ a Consent for Evaluation form is present in the file and ▪ the form is signed and dated and ▪ the parent has indicated on the consent to evaluate form that they are either agreeing to or refusing to give consent for the <i>Early On</i> eligibility determination process. <p>POSSIBLE SOURCES: Consent to evaluate form. NOTE: this standard is only addressing written consent.</p> <p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> ▪ the parent has indicated on a signed consent to evaluate form that they read and understood the <i>Early On</i> Family Guidebook & <i>Early On</i> Family Rights information prior to the evaluation or ▪ the parental signature date, on the signed consent to evaluate form, is at least 1 calendar day earlier than the date of the [earliest part of the] evaluation. <p>POSSIBLE SOURCES: Consent to evaluate form, evaluation reports, evaluation dates recorded on IFSP</p> <p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> ▪ an authorization to share personally identifiable information form is present in the file and ▪ the form is signed and dated and ▪ the parent has indicated on the authorization to share form that they are either agreeing to or refusing to give consent to share personally identifiable information. <p>POSSIBLE SOURCES: Authorization to share personally identifiable information form.</p>
1.5 CONSENT FOR EVALUATION	PSS 340.1931(a)(1) 34 CFR 303.404(b)	The parent was informed about <i>Early On</i> and their family rights prior to the initial evaluation.	
1.6 AUTHORIZATION TO SHARE	PSS 340.1931(a)(3) PSS 340.1931(b) 34 CFR 303.401(c) 34 CFR 303.404 (Note 1) FERPA 99.30(c)	Written authorization or refusal to share personally identifiable information was obtained and dated.	

Standard Type	Citation	Standard	Documentation & Verification
1.7 AUTHORIZATION TO SHARE	FERPA 99.30(c) 34 CFR 303.401(a)(2) 34 CFR 303.402(c)	The parent was informed of the purpose of the release of personally identifiable information.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has indicated on an authorization to share form that they read and understood the Early On Family Guidebook or the signed authorization to share form describes the purpose of releasing personally identifiable information. <p>POSSIBLE SOURCES: Authorization to Share Form.</p>
1.8 AUTHORIZATION TO SHARE	34 CFR 303.401(a)(3) PSS 340.1930(a)(3)	The parent was informed that authorization to share personally identifiable information is voluntary.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has indicated on an authorization to share form that they understand consent to share personally identifiable information is voluntary and the signed authorization to share form indicates that sharing personally identifiable information is voluntary. <p>POSSIBLE SOURCES: Authorization to Share Form.</p>
1.9 AUTHORIZATION TO SHARE	34 CFR 303.401(a)(3) PSS 340.1930(a)(3)	The parent was informed that they may revoke their authorization to share personally identifiable information at any time without penalty.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has indicated on an authorization to share form that they understand that they may revoke their authorization to share personally identifiable information at any time without penalty and the signed authorization to share form indicates that authorization to share personally identifiable information may be revoked at any time without penalty. <p>POSSIBLE SOURCES: Authorization to Share Form.</p>
1.10 AUTHORIZATION TO SHARE	34 CFR 303.401(a)(2) 34 CFR 303.342(b)(1) PSS 340.1931(a)(3)	The parent was informed that their authorization to share personally identifiable information expires 6 months after it is signed.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the authorization to share form indicates that authorization to share personally identifiable information expires 6 months after it is signed. <p>POSSIBLE SOURCES: Authorization to share form.</p>

Standard Type	Citation	Standard	Documentation & Verification
1.11 AUTHORIZATION TO SHARE	34 CFR 303.401(c) 34 CFR 99.30(b)(1)	The parent identified what personally identifiable information may be released.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has identified on an authorization to share form specifically what personally identifiable information may be released and the parent's means of indicating what personally identifiable information may be released is consistent with the instructions on the form. <p>POSSIBLE SOURCES: Authorization to Share Form.</p>
1.12 AUTHORIZATION TO SHARE	34 CFR 303.401(a)(2) 34 CFR 99.30(b)(3)	The parent identified to whom personally identifiable information may be released.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has identified on an authorization to share form who may have access to which types of personally identifiable information and their means of indicating who may have access to which types of personally identifiable information is consistent with the instructions on the form. <p>POSSIBLE SOURCES: Authorization to Share Form.</p>

Section 2- Evaluation and Family Interview

Standard Type	Citation	Standard	Documentation & Verification
2.1 EVALUATION COMPONENTS	34 CFR 303.322(c)(3)(i) Michigan State Plan (Part III, Section VI)	The evaluation included a review of the child's health status.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> a review of the child's health status is included as a part of the evaluation and the review is based upon a comprehensive physical examination conducted within the past three months of when the evaluation takes place for a child under 18 months or within the past six months of when the evaluation takes place for a child over 18 months <p>POSSIBLE SOURCES: Medical/health records, Early On medical report form, Health Status section of Initial IFSP, MET reports.</p>
2.2 EVALUATION COMPONENTS	34 CFR 303.322(c)(3) Michigan State Plan (Part III, Section VI)	The developmental evaluation assessed the child's communication, gross motor, fine motor, cognitive, social-emotional, and adaptive/self-help skills.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> there is evidence that the child's communication, gross motor, fine motor, cognitive, social-emotional, & adaptive/self-help skills were assessed as a part of the evaluation. <p>POSSIBLE SOURCES: Developmental evaluation materials, Initial IFSP, MET reports.</p>
2.3 EVALUATION COMPONENTS	34 CFR 303.322(c)(3) Michigan State Plan (Part III, Section VI)	The child's vision & hearing were assessed.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> there is evidence that the child's vision and hearing were assessed as a part of the evaluation. <p>POSSIBLE SOURCES: Evaluation materials, Initial IFSP, MET reports.</p> <p>NOTE: Vision and hearing may be assessed during the developmental evaluation as a part of the review of the child's health status provided by a primary care physician, or by using the vision and hearing equipment, or by using a checklist.</p>

Standard Type	Citation	Standard	Documentation & Verification
2.4 EVALUATION COMPONENTS	34 CFR 303.322(d)(3) Michigan State Plan (Part III, Section VI)	The evaluation included parent/caregiver input.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> there is information from the parent(s)/caregiver about their perception/understanding of the child and information from the parent(s)/caregiver about the child's developmental capacities and information from the parent(s)/caregiver about the child's patterns of development and information from the parent(s)/caregiver about the child's significant developmental milestones and information from the parent(s)/caregiver about the pregnancy, birth history, and daily caregiving activities. <p>POSSIBLE SOURCES: Evaluation materials, Initial IFSP, MET reports, medical records</p> <p>NOTE: Information from the Family Interview may be considered as parent input as long as it meets the criteria listed above.</p>

<p>2.5 ELIGIBILITY</p>	<p>34 CFR 303.322(b)(1) 34 CFR 303.300(c)(1) 34 CFR 303.322(e) Michigan State Plan (Part III, Section V)</p>	<p>Appropriate procedures were followed to determine the child's initial eligibility for <i>Early On</i>.</p>	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the date of the developmental evaluation (or last date if more than one) was within 45 calendar days of the date of the referral and the developmental evaluation included all of the components <p>If there is documentation that-</p> <ul style="list-style-type: none"> the developmental evaluation could not be completed within 45 calendar days of the date of referral and the documented reason for exceeding the imeline was based upon family circumstances or a natural disaster and an Interim IFSP was developed to address the family's immediate needs until the developmental evaluation can be completed <p>-then this standard may be marked YES.</p> <p>POSSIBLE SOURCES: Developmental evaluation materials, Initial IFSP, MET reports, casenotes.</p> <p>NOTE: Possible exceptional family circumstances include extending the timeline, with the family's consent, in order to meet the child/family's needs. Being an exceptional family circumstance also includes circumstances that are beyond the control of the service area, when the service area has made at least 2 documented attempts to complete the developmental evaluation.</p>
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Section 3- Individualized Family Service Plan

Standard Type	Citation	Standard	Documentation & Verification
3.1 INITIAL IFSP MEETING COMPLETION	34 CFR 303.345(b)(2)	The initial IFSP meeting was completed within 45 calendar days of the referral	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the date of the initial IFSP meeting was within 45 calendar days of the date of referral. <p>If there is documentation that-</p> <ul style="list-style-type: none"> the family has chosen to extend the 45 calendar day timeline based on their (child's/family) needs and the new agreed upon timeline is documented in writing and the initial IFSP meeting was completed within the agreed upon timeline <p>-then this standard may be answered YES.</p> <p>POSSIBLE SOURCES: Initial IFSP, other materials in the Early On file</p> <p>Please refer to next standard for remarks on what constitutes an exceptional family circumstance.</p> <p>NOTE: A family can choose to extend the 45-day timeline if there are circumstances, related to the child/family's needs, which warrant having a longer time period in which to complete the initial IFSP meeting.</p>

3.2 INITIAL IFSP MEETING COMPLETION	34 CFR 303.344(f)	<p>The initial IFSP was completed within 60 days of referral</p>	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has signed the IFSP form and the IFSP form signed was dated within 60 calendar days of referral. <p>If there is documentation that-</p> <ul style="list-style-type: none"> the family has chosen to extend the 60 calendar day timeline based on their (child's/family) needs and the new agreed upon timeline is documented in writing and the IFSP was completed within the agreed upon timeline <p>-then this standard may be answered YES.</p> <p>POSSIBLE SOURCES: IFSP.</p> <p>Please refer to exceptional circumstances standard above in standard # 2.5 for explanation on exceptional circumstances.</p>
3.3 INITIAL IFSP CONSENT	34 CFR 303.342(e) 34 CFR 303.404(a) 34 CFR 303.404 (Note 1) PSS 340.1931(a)(1) FERPA 99.30(c)	<p>Written consent to the IFSP was obtained and dated.</p>	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has signed the IFSP form and the IFSP form is dated. <p>POSSIBLE SOURCES: IFSP.</p>

3.4 IFSP OUTCOME-EARLY INTERVENTION SERVICES	34 CFR 303.344(f)	All services listed on the IFSP were initiated within 30 days of when the parent consents.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the Early On record shows some written evidence as to when each service started, and that date is no more than 30 days from the signature on the IFSP. <p>POSSIBLE SOURCES: IFSP.</p> <p>Please refer to exceptional circumstances standard # 2.5 for explanation on exceptional circumstances.</p>
3.5 IFSP OUTCOME-EARLY INTERVENTION SERVICES	34 CFR 303.344(d)(1)	Each IFSP early intervention service includes a description of the number of days or session's service will be provided.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the outcome identifies an early intervention service that will help to meet the identified outcome and the frequency of service i.e. specific number of days or sessions this service will be provided is written on the IFSP. <p>This standard may be marked NA if</p> <ul style="list-style-type: none"> the outcome does not include any early intervention services (i.e. the strategy/method is something other than an early intervention service). <p>POSSIBLE SOURCES: IFSP.</p>
3.6 IFSP OUTCOME-EARLY INTERVENTION SERVICES	34 CFR 303.167(c) 34 CFR 303.344(d)(1)(ii-iii)	Each IFSP early intervention service includes where the service will be provided.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the outcome identifies an early intervention service that will help meet the identified outcome and the location of service i.e. where the service will be provided is written on the IFSP. <p>This standard may be marked NA if</p> <ul style="list-style-type: none"> the outcome does not include any early intervention services (i.e. the strategy/method is something other than an early intervention service). <p>POSSIBLE SOURCES: IFSP.</p>

3.7 IFSP OUTCOME-EARLY INTERVENTION SERVICES	34 CFR 303.344(f)	This IFSP outcome included the length of time service will be provided (end date).	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the outcome identifies an early intervention service that will help to meet the identified outcome and. the end date i.e. the date the service will finish is written on the IFSP. <p>This standard may be marked NA if</p> <ul style="list-style-type: none"> the outcome does not include any early intervention services (i.e the strategy/method is something other than an early intervention service). <p>POSSIBLE SOURCES: IFSP.</p>
3.8 IFSP OUTCOME- NATURAL ENVIRONMENT	34 CFR 303.167(c) 34 CFR 303.344(d)(1)(iii) OSEP letter M. Elder (July 17, 1998) OSEP letter to J. Heskitt (May 26, 1999) OSEP letter to E. Yarnell (October 19, 1999)	The early intervention services utilized to address this outcome are primarily provided in the child's natural environment.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the setting/location for the early intervention service is natural or normal for the child's age peers who have no disability. <p>This standard should be marked NO if</p> <ul style="list-style-type: none"> the setting/location for the early intervention service is solely for children with disabilities. <p>POSSIBLE SOURCES: IFSP.</p> <p>NOTE: Natural or normal for the child's age peers means that the service is provided in a place/location where the child's same-age peers would typically participate.</p> <p>Early intervention services directed toward enhancing the family's capacity to meet the developmental needs of the child might include parent support, training, or counseling for the parent.</p> <p>If 50% or more of the time the child's early intervention service is provided in a natural environment, than that service was primarily provided in the child's natural environment.</p>

<p>3.9 IFSP OUTCOME- NATURAL ENVIRONMENT</p>	<p>34 CFR 303.344(d)(1)(ii) OSEP letter M. Elder (July 17, 1998) OSEP letter to J. Heskitt (May 26, 1999) OSEP letter to E. Yarnell (October 19, 1999)</p>	<p>If the early intervention services utilized to address this outcome are NOT provided in the child's natural environment, a justification of the extent to which the services will not utilize/be provided in a natural environment is included on the IFSP.</p>	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> there is a written justification on the IFSP of the extent to which the early intervention services for this outcome will not be provided in a natural environment and the justification relates to the child's individual needs. <p>POSSIBLE SOURCES: IFSP.</p> <p>NOTE: There must be a written justification for each early intervention service that is not provided in the child's natural environment.</p>
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Section 4- IFSP Review

4.1 REVIEW AND TIMELINESS	34 CFR 303.342(b)(1)	The IFSP review was conducted within six months of the previous IFSP or previous review.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> there is evidence that this review was conducted within 6 months of the previous IFSP or previous review. <p>POSSIBLE SOURCES: IFSP, IFSP Review forms.</p>
4.2 NEW EVALUATIONS	PSS 340.1931(a)(1) 34 CFR 303.342(e)	The parent gave written consent if a new evaluation was done.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> a consent form for any new evaluation is present in the file and the form is signed & dated by the parent and the parent has indicated on the consent to evaluate form that they are either agreeing to or refusing to give consent for a new evaluation. <p>This standard may be marked NA if</p> <ul style="list-style-type: none"> no new evaluation was done. <p>POSSIBLE SOURCES: Consent to evaluate form.</p> <p>NOTE: Consent to an evaluation is only required when there is a new evaluation done. A new consent form is not necessary for ongoing assessment, in which the information from the previous assessment is added to and updated based on what is seen during visits, etc.</p>
4.3 NEW EVALUATIONS	34 CFR 303.342(c)	Annual evaluation results were used to revise the IFSP.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> there is documentation indicating that results from any new evaluations were used to revise any parts of the outcomes (including services, or details about the services). <p>This standard may be marked NA if</p> <ul style="list-style-type: none"> no new evaluation was done. <p>POSSIBLE SOURCES: IFSP, IFSP review forms, Evaluation materials (updates)</p> <p>NOTE: any new evaluation results should be used to update the IFSP/Outcomes so that they are up-to-date and addressing the child's current needs.</p>

<p>4.4 AUTHORIZATION TO SHARE</p>	<p>PSS 340.1931(a)(3)</p>	<p>There is a current Authorization to Share Form at the time of review.</p>		<p>Possible answers: Y/N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> • an authorization to share form is present in the file and • the form is signed and dated by the parent • the form is current (has not expired) and • the parent has indicated on the authorization to share form that they are either agreeing or refusing to give consent to share personally identifiable information. <p>POSSIBLE SOURCES: Authorization to Share Form</p> <p>NOTE: The Authorization to Share Form must be renewed every six months.</p>
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Section 5- Transition Planning

5.1 TRANSITION CONFERENCE	34 CFR 303.148(b)(2)(ii) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	The family consented to a conference to develop a transition plan for their child.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the conference is listed as a strategy/method on an IFSP and/or transition planning forms and the IFSP and/or transition planning forms are signed by the parent(s). <p>If there is documentation that-</p> <ul style="list-style-type: none"> the parents gave consent for the conference in another way <p>-then this standard may also be marked YES.</p> <p>POSSIBLE SOURCES: Transition IFSP.</p>
5.2 TRANSITION CONFERENCE	34 CFR 303.148(b)(2)(i) 34 CFR 300.132(b) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	The transition conference took place at least 90 days before the child's third birthday.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the date on the transition plan is at least 90 calendar days prior to the child's 3rd birthday. <p>If there is documentation that-</p> <ul style="list-style-type: none"> the IFSP was held during the 90 days prior to the child's third birthday and and an IFSP includes transition plans <p>-then this standard may also be marked YES.</p> <p>POSSIBLE SOURCES: Transition IFSP.</p>
5.3 TRANSITION CONFERENCE	34 CFR 303.148(b)(2)(ii) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	The family participated in the transition conference.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> an IFSP or transition plan is created during the conference and the transition plan is signed by the parent(s).

5.4 TRANSITION CONFERENCE	34 CFR 303.148(b)(2)(ii) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	The lead agency participated in the transition conference.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> an IFSP or transition plan is created during the conference and the transition plan is signed by a lead agency representative. <p>POSSIBLE SOURCES: Transition IFSP.</p>
5.5 TRANSITION CONFERENCE	34 CFR 303.148(b)(2)(ii) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	The Service Coordinator participated in the transition conference.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> an IFSP or transition plan is created during the conference and the transition plan is signed by the Service Coordinator. <p>POSSIBLE SOURCES: Transition IFSP.</p>
5.6 TRANSITION CONFERENCE	34 CFR 303.148(b)(3) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	The transition conference included a review of the child's program options for the period from the child's 3rd birthday through the remainder of the school year.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> an IFSP or transition plan has been created and the IFSP or transition plan includes a written review of a minimum of two program options for the period from the child's 3rd birthday through the remainder of the school year. <p>POSSIBLE SOURCES: Transition IFSP, records from transition conference.</p>
5.7 TRANSITION CONFERENCE	34 CFR 303.148(b)(2) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	The transition conference included a review of possible service/program options for the child.	<p>Possible answers: Y N NA</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> an IFSP or transition plan has been created and the IFSP or transition plan includes a written review of a minimum of two service/program options or activities for the child after Early On ends (after the end of the school year). <p>POSSIBLE SOURCES: Transition IFSP, records from transition conference.</p>

5.8 TRANSITION PLAN	34 CFR 303.344(h)(2)(ii) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	There was a written plan to prepare the child for changes related to transition.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> an IFSP or transition plan has been created and the IFSP or transition plan includes strategies/methods to prepare the child to adjust to and function in a new setting. <p>POSSIBLE SOURCES: Transition IFSP, records from transition conference.</p>
5.9 TRANSITION PLAN	PSS 340.1931(a)(3) PSS 340.1931(b) 34 CFR 303.401(c) 34 CFR 303.404 (Note 1) FERPA 99.30(c) Michigan State Plan (Part II, Section VII, Part III, Section VIII)	Parental consent was obtained prior to forwarding information to appropriate providers.	<p>Possible Answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> The written transition plan/IFSP included sending information to appropriate providers and the parent has identified on an authorization to share form specifically which personally identifiable information may be released and the parent has identified on an authorization to share form which information may be released to the appropriate providers and the means of indicating what personally identifiable information may be released and to whom is consistent with the instructions on the form and the parent has signed the authorization to share form and <p>This standard may be marked NA if</p> <ul style="list-style-type: none"> The parent chose not to share information with appropriate providers. <p>POSSIBLE SOURCES: an authorization to share form, Transition IFSP</p>

5.10 TRANSITION PLAN	PSS 340.1914(c)	The written plan includes provisions and conditions for the disposition of Part C record.	<p>Possible answers: Y N NA</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> an IFSP or transition plan has been created and the IFSP or transition plan includes provisions and conditions for the disposition of the Part C record. <p>POSSIBLE SOURCES: Transition IFSP, records from transition conference.</p>
5.11 CONSENT TO PLAN	34 CFR 303.342(e)	The parent indicated that the content of the written transition plan was explained to them.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the parent has indicated on the IFSP or transition planning forms that the content was explained to them and the Transition IFSP is signed. <p>POSSIBLE SOURCES: Transition IFSP.</p>
5.12 CONSENT TO PLAN	34 CFR 303.342(e)	The services on the written transition plan that the parent agreed to were specifically identified.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the services related to transition are clearly identified on the IFSP or transition planning forms and the parent has specifically identified which services related to transition they are agreeing to and the Transition IFSP is signed. <p>POSSIBLE SOURCES: Transition IFSP.</p> <p>NOTE: the parent may choose to agree to some services (outcomes) but not others, so it is important that they specify on the IFSP or transition planning forms exactly which services they are agreeing to.</p>
5.13 CONSENT TO PLAN	34 CFR 303.342(e) 34 CFR 303.404(Note 1) PSS 340.1931(a)(1) FERPA 99.30(c)	Written consent to the transition plan was obtained and dated.	<p>Possible answers: Y N</p> <p>This standard may be marked YES if</p> <ul style="list-style-type: none"> the Transition IFSP is signed and dated by the parent. <p>POSSIBLE SOURCES: Transition IFSP.</p>

THE FOLLOWING SPECIAL EDUCATION STANDARDS APPLY ONLY TO CHILDREN WHO ARE OR MAY BE ELIGIBLE FOR SPECIAL EDUCATION AT TIME OF TRANSITION.

INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.344(H)(2)(i)	Evidence that there is a description of how the families will be included in the transition plans.	Documentation in the IFSP that there is description of how the family will be included in the transition plan.
			<p>If there is a parent signature on the IFSP that addresses how the family will be included in the child's transition from Part C to Part B, this standard is "In compliance."</p> <p>The IFSP which addresses transition is not considered a periodic review of the IFSP.</p> <p>Therefore, the parent must be a participant per 34 CFR §303.343(a)(1)(i).</p> <p>The two required parent contacts for the IEP do not meet the requirements for this standard.</p> <p>If the provider documents that:</p> <ul style="list-style-type: none"> - there were attempts [at least two (2)] to ensure parental attendance at the IFSP transition meeting (e.g. written notice or documented phone call), - the parent did not attend, or - the transition IFSP was not completed, then this standard must be marked "Not applicable" with the notation: "the parents were appropriately invited and did not attend the transition IFSP." <p>If the transition IFSP is implemented without the parental signature, then it is not a legal IFSP and all standards related to the IFSP transition process are "Out of compliance."</p> <p>If the student is eligible for Part B (and has a current IEP/IFSP) programs/services, and if there is evidence of the documented contacts, Part B may be implemented without the parental signature(s).</p> <p>Additional Information: The IFSP must specify: (a) what services are to be provided, (b) actions that are to be taken by the service coordinator in initiating those services, and (c) what actions will be taken by the parent. [Note: 4 to Part 34 CFR §303.344 of IDEA]</p>

INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.148(b)(1)	<p>Evidence that there was notification by the local lead agency to the local educational agency that the child will reach the age of eligibility for preschool (under Part B).</p>	<p>There must be written documentation from the local lead agency to the local educational agency (LEA) that the child will reach the age of eligibility for preschool services.</p> <p>The state educational agency, under Early On/Part C, holds the ISD responsible for the notification.</p> <p>This standard may be considered "In compliance" if (but is not limited to) there is documentation such as:</p> <ul style="list-style-type: none"> - an IEP - a letter of conveyance that includes a list of eligible students to the LEA, dated prior to the transition IFSP, and/or a transition IFSP signature with a local education agency representative - an invitation to the LEA to attend the transition conference <p><i>There must be documentation that the parent consented to the convening of a conference.</i></p> <p><i>The consent must be obtained prior to the meeting.</i></p> <p><i>This standard may be considered "In compliance" if (but is not limited to) there is verification of:</i></p> <ul style="list-style-type: none"> - a reference to the requirement of this standard in a previous IFSP, - a written authorization signed by the parent (not applicable if it is the first IFSP/IEP meeting, may not proceed without parent's consent) <p><i>Note: If the meeting is the child's first IFSP/IEP and also the transition IFSP, a parent signature must be verified for the standard to be "In compliance."</i></p> <p>Evidence of signatures on the transition IFSP of representatives from the local lead agency, the local education agency, and the parent(s).</p>
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.148(b)(2)(i)	<p>Evidence that there is approval of the family of the child who is or may be eligible for preschool services under Part B, to convene a conference.</p>	
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.148(b)(2)(i)	<p>Evidence that there was a conference convened among the:</p> <ul style="list-style-type: none"> (a) local lead agency, (b) local education agency, and (c) the family of the child eligible for preschool service under Part B. 	

INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.148(b)(2)(i) 34 CFR 300.132(b)	Evidence that the conference referenced above was held at least 90 calendar days, but not prior to six (6) months before the child was eligible for the preschool services under Part B.	Verify by the date of the transition and the birth date of the child. (This standard is "Not Applicable" if the initial IFSP/IEP meeting is held less than 90 days prior to the child's third birthday.)
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.148(b)(2)(i)	Evidence that there was a review of the service/program options that the child, eligible for Part B, may receive.	Verify that service/program options are documented on the transition IFSP. Document that a minimum of two options are considered.
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.344(h)(2)(i)	Evidence that there was a discussion with the parents regarding future placements and other matters related to the child's transition.	There must be documentation that each of the elements referenced below were discussed at the transition IFSP. (a) any services that will be provided (b) The actions that are to be taken by the service coordinator in initiating those services, and (c) What actions will be taken by the parents.
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.344(h)(2)(i)	Evidence that there was training for the parents regarding future placements and other matters related to the child's transition.	Documentation that parent training occurred as specified by the transition IFSP. This standard may be considered "in compliance" if (but not limited to) there is documentation such as: -agenda/announcements of parent training which must include the signature of the service provider/other specified individual and the date conveyed to the parent, provider service logs of individualized parent training(s). The transition IFSP specifies the steps to help the child adjust to, and function in, a new setting.
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.344(h)(2)(ii)	Evidence that there was a plan to prepare the child for changes in service delivery that included steps to help the child adjust to, and function in, a new setting.	
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.344(h)(2)(iii)	Evidence that there was parental consent prior to forwarding information to the local lead agency.	There must be documentation that the LEA has been included in the "Authorization to Share Form" and verify that there was a parent signature. The authorization must not exceed six month time period. If there are documented attempts to obtain parental authorization without success and if the records are not sent, then the standard is specified as "Not applicable." If the records are sent without parental authorization, this standard is "Out of compliance." If the parent refused consent, this standard is "Not applicable."

INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.148(2)(i)	Evidence that the evaluation/assessment information (required in 34 CFR 303.322) and copies of the IFSP (developed and implemented in accordance with 34 CFR 303.340 through 34 CFR 303.346) were transmitted to the local educational agency.	<p><i>Documentation that the evaluation/assessment information and copies of the IFSP were sent to the local education agency.</i></p> <p><i>There must, at a minimum, be documentation of a dated transmittal form or letter.</i></p> <p><i>If there are documented attempts to obtain parental authorization without success, and if the records are not sent, then the standard is "Not applicable."</i></p> <p><i>If the records are sent without parental authorization, this standard is "Out of compliance."</i></p> <p><i>If the parent refused consent, this standard is "Not applicable."</i></p> <p><i>Verify that considered service/program options are documented on the transition IFSP.</i></p> <p><i>Documentation that two or more options were considered.</i></p>
INDIVIDUALIZED FAMILY SERVICE PLAN	34 CFR 303.148(b)(3)	Evidence that the child's program options for the period from the child's third birthday through the remainder of the school year were considered.	

Timely Services Notice to Coordinators

BACKGROUND

Early On[®] Michigan requires that all infants and toddlers have timely evaluations and services. Evaluations and assessments must be completed within 45 calendar days of referral. All services must be provided within 30 calendar days from when a parent/guardian consents to the provision of early intervention services.

REQUIREMENTS

Timelines for evaluation, assessments, initiation of services, and review:

- Timeline for evaluation and assessment:
 - (1) Permission for an evaluation must be requested within 10 calendar days of the referral.
 - (2) The evaluation and assessment must be completed within 45 calendar days of referral.
- Timeline for Individualized Family Service Plan (IFSP):
 - (1) The initial IFSP meeting must be held within 45 calendar days of referral;
 - (2) ***The IFSP must be completed within 60 calendar days of referral; and***
 - (3) ***The provision of all services must be initiated within 30 calendar days from when a parent/guardian consents to the provision of early intervention services.***
- Timeline for IFSP review:
 - (1) IFSPs must be reviewed every six months or more frequently if the family requests or conditions warrant.
 - (2) A meeting must be conducted on at least an annual basis, from the date of the completed IFSP to assess the progress of the child and the IFSP for a child and the child's family, and, as appropriate, to revise its provisions.

- Timeline for transition planning:
 - (1) Transition planning must occur at least 90 calendar days, but no more than nine months prior to the child's third birthday.

REFERENCES

The requirements delineated in this bulletin are referenced and supported in the following federal and state statutes, regulations, rules, and policies:

- (1) Public Law 108-446 Individuals with Disabilities Education Act 2004, Part C
 - (2) Part C regulations 34 CFR 303.322(a)(1)
 - (3) Part C regulations 34 CFR 303.342(a)(b)(c)
 - (4) Michigan State Plan, Section VI
-

DEFINITIONS

Assessment is the ongoing procedures used by appropriate qualified personnel to identify the child's strengths/weaknesses, the priorities and concerns of the family, and the family's capacity to meet the child's unique needs. Michigan State Plan, Section V

Evaluation is the procedure used by appropriate qualified personnel to determine a child's initial and continuing eligibility under IDEA Part C (2004). Michigan State Plan, Section VI

Timely evaluations are defined as evaluations that take place no later than 45 calendar days after referral. Michigan State Plan, Section VI

Timely services are defined as the provision of services within 30 calendar days from when a parent/guardian consents to the provision of early intervention services.

Initial IFSP Meeting is defined as a discussion between the service coordinator, the parent/parents of the child, other family members, as requested, an advocate or person outside of the family, if the parent requests that the person participate, a person or persons directly involved in conducting the evaluations and assessments, and, as appropriate, persons who will be providing services to the child or the family. If a person or persons directly involved in conducting evaluations and assessments and/or persons who will be providing services to the child or family are unable to attend the initial IFSP meeting, arrangements

must be made for the person's involvement through other means, including participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting or making pertinent records available at the meeting

The meeting shall address (1) child's present level of physical development (including vision, hearing, and health status), cognitive development, communication development, social and emotional development, and adaptive development; (2) family's resources, priorities and concerns related to their child's development; (3) major outcomes expected to be achieved for the child and family that can be identified at the initial IFSP meeting; (4) early intervention services and supports that can be identified at the initial IFSP meeting necessary to meet the unique needs of the child and family in achieving the identified expected outcomes along with the service dates and duration; (5) other services the child may be receiving, as appropriate; (6) service coordinator's name; and (7) a plan for the child's transition from Part C services to other programs.

DISCUSSION

Timely services are a crucial and integral part of the implementation of IDEA Part C and the Michigan State Plan. Both IDEA Part C and the Michigan State Plan have required that infants and toddlers shall receive timely services. In addition to requiring timely services, the system must include the performance of a comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child.

OSEP has asked the State of Michigan to define what timely services are; therefore the State has defined timely services as being the provision of services within 30 calendar days from when a parent/guardian consents to the provision of early intervention services.

With respect to transition services, transition planning must occur at least 90 calendar days, but no more than nine months prior to the child's third birthday. The transition planning conference is convened among the family, the service coordinator, and providers of appropriate services.

The local education agency will participate in the case of a child who may be eligible for preschool services under Part B and as appropriate for children who may not be eligible for such preschool services.

EXCEPTIONAL CIRCUMSTANCES

If services need to begin between the time eligibility is determined and the actual initial IFSP meeting, an interim IFSP may be developed. This does not relieve the agency from the 45 calendar day timeline.

Exceptional family circumstances documented in the child's record could be a cause for delay in provision of timely services.

An exceptional circumstance refers to the family's need to postpone one of the required components of IDEA 2004 from occurring. Examples of exceptional circumstances are: family illness, hospitalization, natural disaster. When a family cites an exceptional circumstance, it must be noted in the IFSP. Exceptional family circumstances documented in the child's record could be a cause for delay in provision of evaluation and assessment, timely services, and transition planning.



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Family Questionnaire

Please **FILL IN** circles like this ☐, not ☐ or ☐. You can use a pen or pencil.

Please think about your child whose initials are _____. Consider this child in answering the questions.

(For each question, please FILL IN ONE circle)

1. My child has special needs that affect his or her:
- | | Don't know | Not at all | Slightly | Somewhat | Greatly | Completely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Mental or intellectual development —
<i>ability to learn new things or to use learned skills.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Physical mobility— <i>ability to move around or do things without the help of others.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Ability to communicate with others—
<i>talk with and understand other people.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Social/emotional development— <i>ability to interact with other people and to manage/express emotions</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Senses, such as hearing or vision. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Adaptive development— <i>self-help behaviors such as eating, drinking, dressing, or toileting.</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Health/medical condition. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. I was referred to *Early On* by _____ (Please FILL IN ONE circle)

- | | |
|---|--|
| <input type="radio"/> (A) Intermediate School District / local school district | <input type="radio"/> (G) Family or Self |
| <input type="radio"/> (B) Dept. of Human Services (formerly Family Independence Agency) | <input type="radio"/> (H) Friend or Neighbor |
| <input type="radio"/> (C) Community Mental Health | <input type="radio"/> (I) Child Care Provider |
| <input type="radio"/> (D) Public Health/ Health Department | <input type="radio"/> (J) Don't remember |
| <input type="radio"/> (E) Hospital | <input type="radio"/> (K) Other (please describe): _____ |
| <input type="radio"/> (F) Doctor/ Nurse | |

(For each question, please FILL IN ONE circle)

- | | Very Strongly Disagree | Strongly Disagree | Disagree | Agree | Strongly Agree | Very Strongly Agree |
|--|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 3. I was offered help I needed, such as child care or transportation, to participate in the Individualized Family Service Plan (IFSP) meeting(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I was asked whether I wanted help in dealing with stressful situations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
5. I was given choices concerning my family's services and supports.	(1)	(2)	(3)	(4)	(5)	(6)
6. My family's daily routines were considered when planning for my child's services.	(1)	(2)	(3)	(4)	(5)	(6)
7. I have felt part of the team when meeting to discuss my child.	(1)	(2)	(3)	(4)	(5)	(6)
8. The services on our IFSP have been provided in a timely way.	(1)	(2)	(3)	(4)	(5)	(6)

My family was given information about:

9. modifications of routines, activities, and the physical setting that would help my child.	(1)	(2)	(3)	(4)	(5)	(6)
10. the rights of parents regarding Early Intervention services.	(1)	(2)	(3)	(4)	(5)	(6)
11. community programs that are open to all children.	(1)	(2)	(3)	(4)	(5)	(6)
12. organizations that offer support for parents of children with disabilities.	(1)	(2)	(3)	(4)	(5)	(6)
13. how to participate in different programs and services in the community.	(1)	(2)	(3)	(4)	(5)	(6)
14. opportunities for my child to play with other children.	(1)	(2)	(3)	(4)	(5)	(6)
15. how to advocate for my child and my family.	(1)	(2)	(3)	(4)	(5)	(6)
16. who to call if I am not satisfied with the services my child receives.	(1)	(2)	(3)	(4)	(5)	(6)

Someone from Early On:

17. helped me get services like child care, transportation, respite care, or food stamps.	(1)	(2)	(3)	(4)	(5)	(6)
18. helped me get in touch with other parents for help and support.	(1)	(2)	(3)	(4)	(5)	(6)
19. asked whether the services my family was receiving were meeting our needs.	(1)	(2)	(3)	(4)	(5)	(6)
20. went out into the community with me and my child to help us get involved in community activities and services.	(1)	(2)	(3)	(4)	(5)	(6)

The Early On service provider(s) that work with my child:

21. are dependable.	(1)	(2)	(3)	(4)	(5)	(6)
22. are easy for me to talk to about my child and my family.	(1)	(2)	(3)	(4)	(5)	(6)
23. are good at working with my family.	(1)	(2)	(3)	(4)	(5)	(6)
24. My service coordinator is available to speak with me on a regular basis.	(1)	(2)	(3)	(4)	(5)	(6)
25. My service coordinator is knowledgeable and professional.	(1)	(2)	(3)	(4)	(5)	(6)

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
26. Written information I receive is written in an understandable way.	(1)	(2)	(3)	(4)	(5)	(6)
27. I was given information to help me prepare for my child's transition.	(1)	(2)	(3)	(4)	(5)	(6)
Over the past year, Early On services have helped me and/or my family:						
28. participate in typical activities for children and families in my community.	(1)	(2)	(3)	(4)	(5)	(6)
29. know about services in the community.	(1)	(2)	(3)	(4)	(5)	(6)
30. improve my family's quality of life.	(1)	(2)	(3)	(4)	(5)	(6)
31. know where to go for support to meet my <u>child's</u> needs.	(1)	(2)	(3)	(4)	(5)	(6)
32. know where to go for support to meet my <u>family's</u> needs.	(1)	(2)	(3)	(4)	(5)	(6)
33. get the services that my child and family need.	(1)	(2)	(3)	(4)	(5)	(6)
34. feel more confident in my skills as a parent.	(1)	(2)	(3)	(4)	(5)	(6)
35. keep up friendships for my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
36. make changes in family routines that will benefit my child with special needs.	(1)	(2)	(3)	(4)	(5)	(6)
37. be more effective in managing my child's behavior.	(1)	(2)	(3)	(4)	(5)	(6)
38. do activities that are good for my child even in times of stress.	(1)	(2)	(3)	(4)	(5)	(6)
39. feel that I can get the services and supports that my child and family need.	(1)	(2)	(3)	(4)	(5)	(6)
40. understand how the Early Intervention system works.	(1)	(2)	(3)	(4)	(5)	(6)
41. be able to evaluate how much progress my child is making.	(1)	(2)	(3)	(4)	(5)	(6)
42. feel that my <u>child</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
43. feel that my <u>family</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
44. communicate more effectively with the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
45. understand the roles of the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
46. know about my child's and family's rights concerning Early Intervention services.	(1)	(2)	(3)	(4)	(5)	(6)
47. do things with and for my child that are good for my child's development.	(1)	(2)	(3)	(4)	(5)	(6)
48. understand my child's special needs.	(1)	(2)	(3)	(4)	(5)	(6)
49. feel that my efforts are helping my child.	(1)	(2)	(3)	(4)	(5)	(6)

Early On staff may have assessed or evaluated the kinds of services and supports your family needed by gathering information about your family. The questions below are about this process. Please rate how strongly you agree/disagree with the following statements.
(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
50. During this assessment and information gathering stage, the <i>Early On</i> staff asked for my family's involvement.	(1)	(2)	(3)	(4)	(5)
51. Assessments are respectful of my family and my culture.	(1)	(2)	(3)	(4)	(5)
52. Assessments of my child and family are done promptly.	(1)	(2)	(3)	(4)	(5)
53. I am asked appropriate questions about the needs of my child and family.	(1)	(2)	(3)	(4)	(5)
54. The people who ask me about my child's needs seem to know what they are talking about.	(1)	(2)	(3)	(4)	(5)

Staff are expected to work with families to write a plan of action, called the **Individualized Family Service Plan (IFSP)**. Sometimes this is called a "**Service Plan**". The IFSP is an agreement about what types of services a family will get. It may help you to answer the following questions if you have a copy of your IFSP. However, you do not need an IFSP to answer the questions.

	YES	NO	Don't Know
55. My family had a meeting to write our Individualized Family Service Plan (IFSP)?	(Y)	(N)	(?)
	Please go to question 56 below	Please go to question 67 on page 5. SKIP questions 56 through 66.	Please go to question 67 on page 5. SKIP questions 56 through 66

56. The amount of time between my first contact with (or referral to) *Early On* and my family's first IFSP meeting was:
(Please FILL IN ONE circle)

- (A) less than 15 days (C) 31 to 45 days (E) more than 60 days
(B) 15 to 30 days (D) 46 to 60 days (F) don't know / don't remember

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
57. Overall, I was satisfied with my family's <u>most recent</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
58. I received at least one service within 14 days of my family's <u>first</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
59. I received all services listed on my family's IFSP within 30 days of our <u>initial</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
60. The services on my family's IFSP have been provided in a timely manner.	(1)	(2)	(3)	(4)	(5)
61. My family was not fully informed of our rights when we agreed to the IFSP process.	(1)	(2)	(3)	(4)	(5)
62. The IFSP is keeping up with my family's changing needs.	(1)	(2)	(3)	(4)	(5)
63. When I (or one of my family members) say something about my <u>child's</u> needs, it is considered in the development of the IFSP.	(1)	(2)	(3)	(4)	(5)

(For each question, please FILL IN ONE circle)

- | | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|---|------------------------------------|-------------------|----------------------------|----------------|----------------|
| 64. When I (or one of my family members) say something about my <u>family's</u> needs, it is considered in the development of the IFSP. | (1) | (2) | (3) | (4) | (5) |
| | Terrible | Poor | Fair | Good | Excellent |
| 65. The quality of services my family has received as a result of the IFSP has been | (1) | (2) | (3) | (4) | (5) |
| 66. My IFSP has been changed or updated (Please FILL IN <u>ALL</u> circles that apply) | | | | | |
| (A) every 6 months | (D) not at all | | | | |
| (B) every year | (E) don't know | | | | |
| (C) whenever I meet with my Service Coordinator | (F) other (Please describe): _____ | | | | |

The following statements are about **ALL OF THE SERVICES** your family receives.

- | | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|-------------------|---------------------------|----------------------------|---------------------------|--|
| 67. There are services that my family needs that we do <u>not</u> get. | (1) | (2) | (3) | (4) | (5) |
| 68. The services we get meet our needs. | (1) | (2) | (3) | (4) | (5) |
| 69. My family had to wait too long after asking for a service before actually getting it. | (1) | (2) | (3) | (4) | (5) |
| 70. The services we received took into account my whole family, not just our child with special needs. | (1) | (2) | (3) | (4) | (5) |
| 71. Service providers allowed my family the right to choose or refuse services. | (1) | (2) | (3) | (4) | (5) |
| 72. My child gets services in our home or wherever she/he spends most of her/his time. | (1) | (2) | (3) | (4) | (5) |
| 73. My child receives services in settings we prefer. | (1) | (2) | (3) | (4) | (5) |
| 74. My child's services are planned so that they fit with my family's normal schedule. | (1) | (2) | (3) | (4) | (5) |
| 75. My child's services are planned so one service does not get in the way of another. | (1) | (2) | (3) | (4) | (5) |
| 76. My child receives services in settings where children without special needs participate. | (1) | (2) | (3) | (4) | (5) |
| | | Less than the school year | About the same | More than the school year | No services received during the summer |
| 77. Compared to the school year, the number of services my child receives during the summer is: | | (1) | (2) | (3) | (4) |
| | Terrible | Poor | Fair | Good | Excellent |
| 78. How would you rate the services in helping improve your ability to care for your child? | (1) | (2) | (3) | (4) | (5) |

This part of the questionnaire asks your opinions about possible impacts of *Early On* on your child.

<u>Early On</u> has...	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
79. helped our child's mental or intellectual development — <i>ability to learn new things or to use learned skills.</i>	(1)	(2)	(3)	(4)	(5)
80. helped our child's physical mobility— <i>ability to move around or do things without the help of others.</i>	(1)	(2)	(3)	(4)	(5)
81. helped our child's ability to communicate with others— <i>talk with and understand other people.</i>	(1)	(2)	(3)	(4)	(5)
82. helped our child's social/emotional development — <i>ability to interact with other people and to manage/express emotions.</i>	(1)	(2)	(3)	(4)	(5)
83. helped our child's senses, such as hearing or vision.	(1)	(2)	(3)	(4)	(5)
84. helped our child's adaptive development — <i>self-help behaviors such as eating, drinking, dressing, or toileting.</i>	(1)	(2)	(3)	(4)	(5)
85. helped our child's health/medical condition.	(1)	(2)	(3)	(4)	(5)
86. <u>not</u> really helped our <u>child</u> .	(1)	(2)	(3)	(4)	(5)

Now, we would like to ask you some final questions about your family.

87. Please select your relationship to the child (Please FILL IN ONE circle that best applies):

- (A) Mother (C) Grandparent (E) Other Caregiver: _____
 (B) Father (D) Other Relative

88. Please select the *ethnic identity* category that best describes how you identify yourself:

(Please FILL IN ONE circle that best applies)

- (A) Anglo/ Non-Hispanic White (C) Arab/ Arab-American (E) Hispanic/ Latino
 (B) African American/ Black (D) Asian/ Pacific Islander (F) Native American/ American Indian
 (G) Other: _____

89. What was your family's total income for 2006? (Please FILL IN ONE circle that best applies)

- (A) Under \$10,000 (C) \$15,000 to \$24,999 (E) \$35,000 to \$49,999 (G) \$75,000 and over
 (B) \$10,000 to \$14,999 (D) \$25,000 to \$34,999 (F) \$50,000 to \$74,999 (H) No answer

THANK YOU for taking time to fill out the *Early On* Family Questionnaire.

 Please return it to us in the self-addressed envelope or to:

Dr Lyke Thompson
 Wayne State University
 Center for Urban Studies
 656 W. Kirby, #3040 FAB
 Detroit, MI 48202





Family Questionnaire

1002003004

Insert Barcode Here

Please **FILL IN** circles like this ☐, not ☐ or ☐. You can use a pen or pencil.

Please think about your child whose initials are _____. Consider this child in answering the questions.

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I was offered help I needed, such as child care or transportation, to participate in the Individualized Family Service Plan (IFSP) meeting(s).	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
2. I was asked whether I wanted help in dealing with stressful situations.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
3. I was given choices concerning my family's services and supports.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
4. My family's daily routines were considered when planning for my child's services.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
5. I have felt part of the team when meeting to discuss my child.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
6. The services on our IFSP have been provided in a timely way.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
My family was given information about:						
7. modifications of routines, activities, and the physical setting that would help my child.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
8. the rights of parents regarding Early Intervention services.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
9. community programs that are open to all children.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
10. organizations that offer support for parents of children with disabilities.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
11. how to participate in different programs and services in the community.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
12. opportunities for my child to play with other children.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
13. how to advocate for my child and my family.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
14. who to call if I am not satisfied with the services my child receives.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Someone from Early On:						
15. helped me get services like child care, transportation, respite care, or food stamps.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
16. helped me get in touch with other parents for help and support.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
Someone from Early On:						
17. asked whether the services my family was receiving were meeting our needs.	(1)	(2)	(3)	(4)	(5)	(6)
18. went out into the community with me and my child to help us get involved in community activities and services.	(1)	(2)	(3)	(4)	(5)	(6)
The Early On service provider(s) that work with my child:						
19. are dependable.	(1)	(2)	(3)	(4)	(5)	(6)
20. are easy for me to talk to about my child and my family	(1)	(2)	(3)	(4)	(5)	(6)
21. are good at working with my family	(1)	(2)	(3)	(4)	(5)	(6)
22. My service coordinator is available to speak with me on a regular basis.	(1)	(2)	(3)	(4)	(5)	(6)
23. My service coordinator is knowledgeable and professional.	(1)	(2)	(3)	(4)	(5)	(6)
24. Written information I receive is written in an understandable way.	(1)	(2)	(3)	(4)	(5)	(6)
25. I was given information to help me prepare for my child's transition.	(1)	(2)	(3)	(4)	(5)	(6)
Over the past year, Early On services have helped me and/or my family:						
26. participate in typical activities for children and families in my community.	(1)	(2)	(3)	(4)	(5)	(6)
27. know about services in the community.	(1)	(2)	(3)	(4)	(5)	(6)
28. improve my family's quality of life.	(1)	(2)	(3)	(4)	(5)	(6)
29. know where to go for support to meet my <u>child's</u> needs.	(1)	(2)	(3)	(4)	(5)	(6)
30. know where to go for support to meet my <u>family's</u> needs.	(1)	(2)	(3)	(4)	(5)	(6)
31. get the services that my child and family need	(1)	(2)	(3)	(4)	(5)	(6)
32. feel more confident in my skills as a parent.	(1)	(2)	(3)	(4)	(5)	(6)
33. keep up friendships for my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
34. make changes in family routines that will benefit my child with special needs.	(1)	(2)	(3)	(4)	(5)	(6)
35. be more effective in managing my child's behavior	(1)	(2)	(3)	(4)	(5)	(6)
36. do activities that are good for my child even in times of stress.	(1)	(2)	(3)	(4)	(5)	(6)
37. feel that I can get the services and supports that my child and family need.	(1)	(2)	(3)	(4)	(5)	(6)

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
Over the past year, Early On services have helped me and/or my family:						
38. understand how the Early Intervention system works.	(1)	(2)	(3)	(4)	(5)	(6)
39. be able to evaluate how much progress my child is making	(1)	(2)	(3)	(4)	(5)	(6)
40. feel that my <u>child</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
41. feel that my <u>family</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
42. communicate more effectively with the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
43. understand the roles of the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
44. know about my child's and family's rights concerning Early Intervention services.	(1)	(2)	(3)	(4)	(5)	(6)
45. do things with and for my child that are good for my child's development.	(1)	(2)	(3)	(4)	(5)	(6)
46. understand my child's special needs.	(1)	(2)	(3)	(4)	(5)	(6)
47. feel that my efforts are helping my child.	(1)	(2)	(3)	(4)	(5)	(6)

Early On staff may have assessed or evaluated the kinds of services and supports your family needed by gathering information about your family. The question below is about this process. Please rate how strongly you agree/disagree with the following statement.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
48. During this assessment and information gathering stage, the <i>Early On</i> staff asked for my family's involvement.	(1)	(2)	(3)	(4)	(5)

Staff are expected to work with families to write a plan of action, called the Individualized Family Service Plan (IFSP). Sometimes this is called a "Service Plan". The IFSP is an agreement about what types of services a family will get.

It may help you to answer the following questions if you have a copy of your IFSP. However, you do not need an IFSP to answer the questions.

	YES (Y)	NO (N)	Don't Know (?)
49. My family had a meeting to write our Individualized Family Service Plan (IFSP)?	Please go to question 50 below	Please go to question 54 on page 4. SKIP questions 50 through 53.	Please go to question 54 on page 4. SKIP questions 50 through 53
50. The amount of time between my first contact with (or referral to) <i>Early On</i> and my family's <u>first</u> IFSP meeting was:			
(Please FILL IN <u>ONE</u> circle)			
(A) less than 15 days	(D) 46 to 60 days		
(B) 15 to 30 days	(E) more than 60 days		
(C) 31 to 45 days	(F) don't know / don't remember		

(Please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
51. I received at least one service within 14 days of my family's <u>first</u> IFSP meeting	(1)	(2)	(3)	(4)	(5)
52. I received all services listed on my family's IFSP within 30 days of our <u>first</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
53. Overall, I was satisfied with my family's <u>most recent</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
54. My child gets services in our home or wherever she/he spends most of her/his time.	(1)	(2)	(3)	(4)	(5)
55. The people who work with my child provide me with information and training so I can help my child in lots of different ways.	(1)	(2)	(3)	(4)	(5)
56. My child's services are planned so that they fit with my family's normal schedule	(1)	(2)	(3)	(4)	(5)
57. My child receives services in settings where children without special needs participate.	(1)	(2)	(3)	(4)	(5)

Now, we would like to ask you some final questions about your family.

58. Please select your relationship to the child (Please FILL IN ONE circle that best applies):

- (A) Mother (C) Grandparent (E) Other Caregiver: _____
 (B) Father (D) Other Relative

59. Please select the *ethnic identity* category that best describes how you identify yourself:

(Please FILL IN ONE circle that best applies)

- (A) Anglo/ Non-Hispanic White (C) Arab/ Arab-American (E) Hispanic/ Latino
 (B) African American/ Black (D) Asian/ Pacific Islander (F) Native American/ American Indian
 (G) Other: _____

60. What was your family's total income for 2006? (Please FILL IN ONE circle that best applies)

- (A) Under \$10,000 (C) \$15,000 to \$24,999 (E) \$35,000 to \$49,999 (G) \$75,000 and over
 (B) \$10,000 to \$14,999 (D) \$25,000 to \$34,999 (F) \$50,000 to \$74,999 (H) No answer

THANK YOU for taking time to fill out the *Early On* Family Questionnaire.

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Dr. Lyke Thompson
 Wayne State University
 Center for Urban Studies
 656 W. Kirby, #3040 FAB
 Detroit MI 48202





Family Questionnaire

1002003004

Insert Barcode Here

Please **FILL IN** circles like this ☐, not ☐ or ☐. You can use a pen or pencil.

Please think about your child whose initials are _____. Consider this child in answering the questions.

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
1. I was offered help I needed, such as child care or transportation, to participate in the Individualized Family Service Plan (IFSP) meeting(s).	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
2. I was asked whether I wanted help in dealing with stressful situations.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
3. I was given choices concerning my family's services and supports.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
4. My family's daily routines were considered when planning for my child's services.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
5. I have felt part of the team when meeting to discuss my child.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
6. The services on our IFSP have been provided in a timely way.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
My family was given information about:						
7. modifications of routines, activities, and the physical setting that would help my child.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
8. the rights of parents regarding Early Intervention services.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
9. community programs that are open to all children.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
10. organizations that offer support for parents of children with disabilities.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
11. how to participate in different programs and services in the community.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
12. opportunities for my child to play with other children.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
13. how to advocate for my child and my family.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
14. who to call if I am not satisfied with the services my child receives.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
Someone from Early On:						
15. helped me get services like child care, transportation, respite care, or food stamps.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
16. helped me get in touch with other parents for help and support.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
Someone from Early On:						
17. asked whether the services my family was receiving were meeting our needs.	(1)	(2)	(3)	(4)	(5)	(6)
18. went out into the community with me and my child to help us get involved in community activities and services.	(1)	(2)	(3)	(4)	(5)	(6)
The Early On service provider(s) that work with my child:						
19. are dependable.	(1)	(2)	(3)	(4)	(5)	(6)
20. are easy for me to talk to about my child and my family.	(1)	(2)	(3)	(4)	(5)	(6)
21. are good at working with my family.	(1)	(2)	(3)	(4)	(5)	(6)
22. My service coordinator is available to speak with me on a regular basis.	(1)	(2)	(3)	(4)	(5)	(6)
23. My service coordinator is knowledgeable and professional.	(1)	(2)	(3)	(4)	(5)	(6)
24. Written information I receive is written in an understandable way.	(1)	(2)	(3)	(4)	(5)	(6)
25. I was given information to help me prepare for my child's transition.	(1)	(2)	(3)	(4)	(5)	(6)
Over the past year, Early On services have helped me and/or my family:						
26. participate in typical activities for children and families in my community.	(1)	(2)	(3)	(4)	(5)	(6)
27. know about services in the community.	(1)	(2)	(3)	(4)	(5)	(6)
28. improve my family's quality of life.	(1)	(2)	(3)	(4)	(5)	(6)
29. know where to go for support to meet my <u>child's</u> needs.	(1)	(2)	(3)	(4)	(5)	(6)
30. know where to go for support to meet my <u>family's</u> needs	(1)	(2)	(3)	(4)	(5)	(6)
31. get the services that my child and family need.	(1)	(2)	(3)	(4)	(5)	(6)
32. feel more confident in my skills as a parent.	(1)	(2)	(3)	(4)	(5)	(6)
33. keep up friendships for my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
34. make changes in family routines that will benefit my child with special needs.	(1)	(2)	(3)	(4)	(5)	(6)
35. be more effective in managing my child's behavior.	(1)	(2)	(3)	(4)	(5)	(6)
36. do activities that are good for my child even in times of stress.	(1)	(2)	(3)	(4)	(5)	(6)
37. feel that I can get the services and supports that my child and family need.	(1)	(2)	(3)	(4)	(5)	(6)
38. understand how the Early Intervention system works	(1)	(2)	(3)	(4)	(5)	(6)
39. be able to evaluate how much progress my child is making.	(1)	(2)	(3)	(4)	(5)	(6)

(For each question, please FILL IN ONE circle)

Over the past year, Early On services have helped me and/or my family:	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
40. feel that my <u>child</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
41. feel that my <u>family</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
42. communicate more effectively with the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
43. understand the roles of the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
44. know about my child's and family's rights concerning Early Intervention services.	(1)	(2)	(3)	(4)	(5)	(6)
45. do things with and for my child that are good for my child's development.	(1)	(2)	(3)	(4)	(5)	(6)
46. understand my child's special needs	(1)	(2)	(3)	(4)	(5)	(6)
47. feel that my efforts are helping my child.	(1)	(2)	(3)	(4)	(5)	(6)

Early On staff may have assessed or evaluated the kinds of services and supports your family needed by gathering information about your family. The question below is about this process. Please rate how strongly you agree/disagree with the following statement.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
48. During this assessment and information gathering stage, the Early On staff asked for my family's involvement.	(1)	(2)	(3)	(4)	(5)

Staff are expected to work with families to write a plan of action, called the Individualized Family Service Plan (IFSP). Sometimes this is called a "Service Plan". The IFSP is an agreement about what types of services a family will get. It may help you to answer the following questions if you have a copy of your IFSP. However, you do not need an IFSP to answer the questions.

(Please FILL IN ONE circle)

	YES	NO	Don't Know
	(Y)	(N)	(?)
49. My family had a meeting to write our Individualized Family Service Plan (IFSP)?	Please go to question 50 below	Please go to question 53 on page 4. SKIP questions 50 through 52.	Please go to question 53 on page 4. SKIP questions 50 through 52.

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
50. Overall, I was satisfied with my family's <u>most recent</u> IFSP meeting.	(1)	(2)	(3)	(4)	(5)
51. I received at least one service within 14 days of my family's <u>first</u> IFSP review.	(1)	(2)	(3)	(4)	(5)
52. I received all services listed on my family's IFSP within 30 days of our <u>first</u> IFSP meeting	(1)	(2)	(3)	(4)	(5)

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
53. My child's services are scheduled so that one service does not get in the way of another.	(1)	(2)	(3)	(4)	(5)
54. My child gets services in our home or wherever she/he spends most of her/his time.	(1)	(2)	(3)	(4)	(5)
55. My child receives services in settings we prefer.	(1)	(2)	(3)	(4)	(5)
56. My child's services are planned so that they fit with my family's normal schedule.	(1)	(2)	(3)	(4)	(5)
57. My child receives services in settings where children without special needs participate.	(1)	(2)	(3)	(4)	(5)
58. I know my family's rights concerning services.	(1)	(2)	(3)	(4)	(5)

	Very dissatisfied	Somewhat dissatisfied	Neutral	Somewhat satisfied	Very satisfied
59. All things considered, how satisfied or dissatisfied are you with your services in the last year?	(1)	(2)	(3)	(4)	(5)

For each question about your Service Coordinator, please FILL IN ONE circle.

In Early On, families choose a person to help them get services. This person is called a service coordinator, though sometimes he or she may be called a family advocate or a case manager. Here, we will call this person a Service Coordinator.

(Please FILL IN ONE circle)

	YES (Y)	NO (N)	Don't Know (?)
60. Did your family have a Service Coordinator during the past year?			
	Please go to question 61 below	Please go to question 65 on page 5. SKIP questions 61 through 64.	Please go to question 65 on page 5. SKIP questions 61 through 64.

61. <u>How willing or unwilling was your service coordinator:</u>	Very unwilling	Somewhat unwilling	Neither willing nor unwilling	Somewhat willing	Very willing
a) to meet and work with you as a partner?	(1)	(2)	(3)	(4)	(5)
b) to meet and work with other people important to your family?	(1)	(2)	(3)	(4)	(5)
c) to go out of his/her way to help your family?	(1)	(2)	(3)	(4)	(5)

	Terrible	Poor	Fair	Good	Excellent
62. How would you rate the quality of help from your service coordinator in getting the services your family needed?	(1)	(2)	(3)	(4)	(5)

	Much less than needed	Somewhat less than needed	Just about right	Somewhat more than needed	Much more than needed
63. Would you say the amount of contact with your service coordinator was:	(1)	(2)	(3)	(4)	(5)

(For each question, please FILL IN ONE circle)

- | | Very
dissatisfied | Somewhat
dissatisfied | Neutral | Somewhat
satisfied | Very
satisfied |
|---|----------------------|--------------------------|---------|-----------------------|-------------------|
| 64. How satisfied or dissatisfied are you with the service coordination your family has received? | (1) | (2) | (3) | (4) | (5) |

Now, we would like to ask you some final questions about your family.

65. Please select your relationship to the child (Please FILL IN ONE circle that best applies):

- | | | |
|------------|--------------------|----------------------------|
| (A) Mother | (C) Grandparent | (E) Other Caregiver: _____ |
| (B) Father | (D) Other Relative | |

66. Please select the *ethnic identity* category that best describes how you identify yourself:


(Please FILL IN ONE circle that best applies)

- | | | |
|-------------------------------|-----------------------------|--------------------------------------|
| (A) Anglo/ Non-Hispanic White | (C) Arab/ Arab-American | (E) Hispanic/ Latino |
| (B) African American/ Black | (D) Asian/ Pacific Islander | (F) Native American/ American Indian |
| | (G) Other: _____ | |

67. What was your family's total income for 2006? (Please FILL IN ONE circle that best applies)

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------|
| (A) Under \$10,000 | (C) \$15,000 to \$24,999 | (E) \$35,000 to \$49,999 | (G) \$75,000 and over |
| (B) \$10,000 to \$14,999 | (D) \$25,000 to \$34,999 | (F) \$50,000 to \$74,999 | (H) No answer |

THANK YOU for taking time to fill out the *Early On* Family Questionnaire.

 Please return it to us in the self-addressed envelope or to:

Dr. Lyke Thompson
Wayne State University
Center for Urban Studies
656 W. Kirby, #3040 FAB
Detroit, MI 48202





Family Questionnaire

1002003004

Insert Barcode Here

Please **FILL IN** circles like this ☐, not ☐ or ☐. You can use a pen or pencil.

Please think about your child whose initials are _____. Consider this child in answering the questions.

Children in *Early On* who reach age three are supposed to **Transition** out of *Early On* and into services and supports for older children. This questionnaire is meant to follow-up on children and families who have or are supposed to have Transitioned out of *Early On* and into other services and supports.

1. My child: (Please **FILL IN ONE** circle)

- (A) Has not yet turned 3 years old and is still in *Early On*. Please call Jason Hardacre at 1-800-363-7987, and he will mail you the correct questionnaire. Thank you.
- (B) Has turned 3 but is still in *Early On*. Please read the text below and answer the rest of the questionnaire.
- (C) Has turned 3 and transitioned out of *Early On*. Please read the text below and answer the rest of the questionnaire.
- (D) I'm not sure whether or not my child is still in *Early On*. Please read the text below and answer the rest of the questionnaire.

(For each question, please **FILL IN ONE** circle)

2. My child has special needs that affect his or her:

	Don't know	Not at all	Slightly	Somewhat	Greatly	Completely
a. Mental or intellectual development – <i>ability to learn new things or to use learned skills.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Physical mobility— <i>ability to move around or do things without the help of others.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Ability to communicate with others— <i>talk with and understand other people</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Social/emotional development— <i>ability to interact with other people and to manage/express emotions.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Senses, such as hearing or vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Adaptive development— <i>self-help behaviors such as eating, drinking, dressing, or toileting.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Health/medical condition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The questions that follow are all about your experiences while in *Early On*.

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
3. I was offered help I needed, such as child care or transportation, to participate in the Individualized Family Service Plan (IFSP) meeting(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I was asked whether I wanted help in dealing with stressful situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
5. I was given choices concerning my family's services and supports.	(1)	(2)	(3)	(4)	(5)	(6)
6. My family's daily routines were considered when planning for my child's services.	(1)	(2)	(3)	(4)	(5)	(6)
7. I have felt part of the team when meeting to discuss my child.	(1)	(2)	(3)	(4)	(5)	(6)
8. The services on our IFSP have been provided in a timely way.	(1)	(2)	(3)	(4)	(5)	(6)

My family was given information about:

9. modifications of routines, activities, and the physical setting that would help my child.	(1)	(2)	(3)	(4)	(5)	(6)
10. the rights of parents regarding Early Intervention services.	(1)	(2)	(3)	(4)	(5)	(6)
11. community programs that are open to all children.	(1)	(2)	(3)	(4)	(5)	(6)
12. organizations that offer support for parents of children with disabilities.	(1)	(2)	(3)	(4)	(5)	(6)
13. how to participate in different programs and services in the community.	(1)	(2)	(3)	(4)	(5)	(6)
14. opportunities for my child to play with other children.	(1)	(2)	(3)	(4)	(5)	(6)
15. how to advocate for my child and my family.	(1)	(2)	(3)	(4)	(5)	(6)
16. who to call if I am not satisfied with the services my child receives.	(1)	(2)	(3)	(4)	(5)	(6)

Someone from Early On:

17. helped me get services like child care, transportation, respite care, or food stamps.	(1)	(2)	(3)	(4)	(5)	(6)
18. helped me get in touch with other parents for help and support.	(1)	(2)	(3)	(4)	(5)	(6)
19. asked whether the services my family was receiving were meeting our needs.	(1)	(2)	(3)	(4)	(5)	(6)
20. went out into the community with me and my child to help us get involved in community activities and services.	(1)	(2)	(3)	(4)	(5)	(6)

The Early On service provider(s) that work with my child:

21. are dependable.	(1)	(2)	(3)	(4)	(5)	(6)
22. are easy for me to talk to about my child and my family.	(1)	(2)	(3)	(4)	(5)	(6)
23. are good at working with my family.	(1)	(2)	(3)	(4)	(5)	(6)
24. My service coordinator is available to speak with me on a regular basis	(1)	(2)	(3)	(4)	(5)	(6)

(For each question, please FILL IN ONE circle)

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
25. My service coordinator is knowledgeable and professional.	(1)	(2)	(3)	(4)	(5)	(6)
26. Written information I receive is written in an understandable way.	(1)	(2)	(3)	(4)	(5)	(6)
27. I was given information to help me prepare for my child's transition.	(1)	(2)	(3)	(4)	(5)	(6)
Over the past year, Early On services have helped me and/or my family:						
28. participate in typical activities for children and families in my community.	(1)	(2)	(3)	(4)	(5)	(6)
29. know about services in the community.	(1)	(2)	(3)	(4)	(5)	(6)
30. improve my family's quality of life.	(1)	(2)	(3)	(4)	(5)	(6)
31. know where to go for support to meet my <u>child's</u> needs.	(1)	(2)	(3)	(4)	(5)	(6)
32. know where to go for support to meet my <u>family's</u> needs.	(1)	(2)	(3)	(4)	(5)	(6)
33. get the services that my child and family need	(1)	(2)	(3)	(4)	(5)	(6)
34. feel more confident in my skills as a parent.	(1)	(2)	(3)	(4)	(5)	(6)
35. keep up friendships for my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
36. make changes in family routines that will benefit my child with special needs.	(1)	(2)	(3)	(4)	(5)	(6)
37. be more effective in managing my child's behavior.	(1)	(2)	(3)	(4)	(5)	(6)
38. do activities that are good for my child even in times of stress.	(1)	(2)	(3)	(4)	(5)	(6)
39. feel that I can get the services and supports that my child and family need.	(1)	(2)	(3)	(4)	(5)	(6)
40. understand how the Early Intervention system works.	(1)	(2)	(3)	(4)	(5)	(6)
41. be able to evaluate how much progress my child is making.	(1)	(2)	(3)	(4)	(5)	(6)
42. feel that my <u>child</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
43. feel that my <u>family</u> will be accepted and welcomed in the community.	(1)	(2)	(3)	(4)	(5)	(6)
44. communicate more effectively with the people who work with my child and family	(1)	(2)	(3)	(4)	(5)	(6)
45. understand the roles of the people who work with my child and family.	(1)	(2)	(3)	(4)	(5)	(6)
46. know about my child's and family's rights concerning Early Intervention services.	(1)	(2)	(3)	(4)	(5)	(6)

(For each question, please FILL IN ONE circle)

Over the past year, Early On services have helped me and/or my family:

	Very Strongly Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Very Strongly Agree
47. do things with and for my child that are good for my child's development.	(1)	(2)	(3)	(4)	(5)	(6)
48. understand my child's special needs.	(1)	(2)	(3)	(4)	(5)	(6)
49. feel that my efforts are helping my child.	(1)	(2)	(3)	(4)	(5)	(6)

Transition planning is supposed to happen during meetings between you and your service coordinator (family advocate or case manager) before your child's third birthday. These meetings are to prepare an Individualized Family Services Plan (IFSP) or a "Service Plan" to help your child Transition to services for children three or older. The next set of questions is about the Transition process, including planning.

(Please FILL IN ONE circle)

	YES	NO	Don't Know
50. Did you go through an IFSP session at which you discussed <u>Transition</u> ?	(Y)	(N)	(?)
	Please go to question 51 below	Please go to question 63 on page 5. SKIP questions 51 through 62	Please go to question 63 on page 5. SKIP questions 51 through 62.
51. The planning for my child's Transition began at least 90 days before my child's third birthday.	(Y)	(N)	(?)
52. Did you receive an <i>Early On</i> booklet on Transition?	(Y)	(N)	(?)

(For each question, please FILL IN ONE circle)

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
53. I was informed about service/program options which may be appropriate for my child at age three.	(1)	(2)	(3)	(4)	(5)
54. I (or other family members) was included in transition training and planning.	(1)	(2)	(3)	(4)	(5)
55. My child's transition plan in the IFSP allowed enough time to explore service/program options for my child at age three.	(1)	(2)	(3)	(4)	(5)
56. I received enough information about options for my child such as Head Start, pre-school, inclusion, etc.	(1)	(2)	(3)	(4)	(5)
57. I feel I was treated as a partner during Transition.	(1)	(2)	(3)	(4)	(5)
58. <i>Early On</i> offered to connect my family with other families who went through Transition.	(1)	(2)	(3)	(4)	(5)
59. The services for my child were continued during Transition.	(1)	(2)	(3)	(4)	(5)

The following questions ask you whether your Transition Individualized Family Services Plan (IFSP) meeting made any difference in the services you are receiving.

	(For each question, please FILL IN ONE circle)				
	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
60. The services on my family's Transition IFSP have been extremely helpful.	(1)	(2)	(3)	(4)	(5)
61. The services on my family's Transition IFSP have been provided in a timely manner	(1)	(2)	(3)	(4)	(5)
	Terrible	Poor	Fair	Good	Excellent
62. The quality of services my family has received as a result of the Transition IFSP has been.	(1)	(2)	(3)	(4)	(5)

63. Has your family received services since leaving *Early On*? (Please FILL IN ONE circle)

- (A) Yes ☞ Please go to Question 64 below.
- (B) No, my child is still in *Early On*. ☞ Please go to Question 78 on page 6.
- (C) No, our family has not received services since leaving *Early On*. ☞ Please go to Question 78 on page 6.
- (D) Don't know/not sure. ☞ Please go to Question 78 on page 6.

The following statements are about ALL OF THE SERVICES your family has received SINCE LEAVING EARLY ON.

	(For each question, please FILL IN ONE circle)				
	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
64. The services we now get meet our needs.	(1)	(2)	(3)	(4)	(5)
65. My family had to wait too long after asking for a service before actually getting it.	(1)	(2)	(3)	(4)	(5)
66. The services we receive take into account my whole family, not just our child with special needs.	(1)	(2)	(3)	(4)	(5)
67. Service providers allowed my family the right to choose or refuse services.	(1)	(2)	(3)	(4)	(5)
68. My child's services are scheduled so that one service does not get in the way of another.	(1)	(2)	(3)	(4)	(5)
69. My child gets services in our home or wherever she/he spends most of her/his time.	(1)	(2)	(3)	(4)	(5)
70. My child receives services in settings we prefer	(1)	(2)	(3)	(4)	(5)
71. My child's services are planned so that they fit with my family's normal schedule.	(1)	(2)	(3)	(4)	(5)
72. My child's services are planned so one service does not get in the way of another	(1)	(2)	(3)	(4)	(5)
73. My child receives services in settings where children without special needs participate	(1)	(2)	(3)	(4)	(5)

(For each question, please FILL IN ONE circle)

74. How often:
- | | Never | Seldom | Sometimes | Usually | Always |
|--|-------|--------|-----------|---------|--------|
| a) are you involved in making decisions about the services your family receives? | (1) | (2) | (3) | (4) | (5) |
| b) do the services give your family relief? | (1) | (2) | (3) | (4) | (5) |
75. How would you rate:
- | | Terrible | Poor | Fair | Good | Excellent |
|---|----------|------|------|------|-----------|
| a) the services in helping you improve your family's quality of life? | (1) | (2) | (3) | (4) | (5) |
| b) the services in helping improve your ability to care for your child? | (1) | (2) | (3) | (4) | (5) |
76. All things considered, how satisfied or dissatisfied are you with your services since leaving Early On?
- | | Very dissatisfied | Somewhat dissatisfied | Neutral | Somewhat satisfied | Very satisfied |
|--|-------------------|-----------------------|---------|--------------------|----------------|
| | (1) | (2) | (3) | (4) | (5) |
77. How easy or difficult is it to get services in your community?
- | | Very difficult | Somewhat difficult | Neither difficult nor easy | Somewhat easy | Very easy |
|--|----------------|--------------------|----------------------------|---------------|-----------|
| | (1) | (2) | (3) | (4) | (5) |

Now, we would like to ask you some final questions about your family.

78. Please select your relationship to the child (Please FILL IN ONE circle that best applies):

- (A) Mother (D) Other relative
(B) Father (E) Other caregiver: _____
(C) Grandparent

79. Please select the *ethnic identity* category that best describes how you identify yourself:

(Please FILL IN ONE circle that best applies)

- (A) Anglo/Non-Hispanic White (E) Hispanic/ Latino
(B) African American/ Black (F) Native American/ American Indian
(C) Arab/ Arab-American (G) Other: _____
(D) Asian/ Pacific Islander

80. What was your family's total income for 2006? (Please FILL IN ONE circle that best applies)

- (A) Under \$10,000 (C) \$15,000 to \$24,999 (E) \$35,000 to \$49,999 (G) \$75,000 and over
(B) \$10,000 to \$14,999 (D) \$25,000 to \$34,999 (F) \$50,000 to \$74,999 (H) No answer

THANK YOU for taking time to fill out the *Early On* Family Questionnaire.

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